

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)			
Dodd	William	h			
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

County of Napa

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Board Member, District 4

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: See attached list

Position:

4. Schedule Summary

► Total number of pages including this cover page: 8

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Napa

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / / through December 31, 2009.

☐ Leaving Office Date Left: / /
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / / through the date of leaving office.

☐ Candidate Election Year: / /

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 24, 2010
(month, day, year)

Signature

STATEMENT OF ECONOMIC INTERESTS

1. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
Napa County Board of Supervisors	Board Member
Napa County Board of Equalization	Board Member
Silverado Community Services District	Board Member
Lake Berryessa Resort Improvement District	Board Member
Napa-Berryessa Resort Improvement District	Board Member
Monticello Public Cemetery District	Board Member
Napa County Flood Control & Water Conservation District	Board Member
Napa County Flood Protection & Watershed Improvement Authority	Board Member
Napa County Public Improvement Corporation	Board Member
In-Home Supportive Services Public Authority of Napa County	Board Member
Napa County Housing Trust Fund Board	Board Member
Napa County Transportation Planning Agency (NCTPA)	Board Member
Metropolitan Transportation Commission	Commissioner
Local Agency Formation Commission	Commissioner
Association of Bay Area Governments	Alternate Board Member

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

William Dodd

► NAME OF BUSINESS ENTITY
Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Active Asset Account

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Asset Management Account
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09 09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Fidelity

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other Mutual Fund
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09 09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Chemidex

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Chemical Database Stock

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09 09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Medicus

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance Company

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09 09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Capitol Bancorp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Local Bank

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 09 09
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

William Dodd

► NAME OF BUSINESS ENTITY
UBS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Misc. Stock Accounts

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name William Dodd

▶ 1. BUSINESS ENTITY OR TRUST

William H. Dodd

Name

1195 Third Street, Suite 310, Napa, CA

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Commercial building

Tenants: Culligan Water, VA Filtration

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

110 Dodd Court, American Canyon, CA

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Leased to Culligan Water, VA Filtration

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
if emanating

☐ Check box if additional schedules reporting investments of real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
if emanating

☐ Check box if additional schedules reporting investments of real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

William Dodd

► STREET ADDRESS OR PRECISE LOCATION

110 Dodd Court

CITY

American Canyon, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☒ Leasehold 5 Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Culligan Water, VA Filtration

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

SBA

ADDRESS (Business Address Acceptable)

San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Financial Institution

INTEREST RATE

6 % ☐ None

TERM (Months/Years)

3

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

 % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE D
Income - Gifts

Name

William Dodd

► NAME OF SOURCE

Festival Del Sole

ADDRESS (Business Address Acceptable)

4240 Silverado Trail, Napa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Vintners

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 20 / 09</u>	<u>\$ 75.00</u>	<u>food and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Metropolitan Transportation Commission

ADDRESS (Business Address Acceptable)

101 8th Street, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Transportation Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 09</u>	<u>\$ 75.00</u>	<u>food and beverage</u>
<u> / / </u>	<u>\$</u>	<u>(bond closing)</u>
<u>11 / 12 / 09</u>	<u>\$ 75.00</u>	<u>food and beverage</u>

► NAME OF SOURCE

Building Trades Council

ADDRESS (Business Address Acceptable)

1225 8th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Buidling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 22 / 09</u>	<u>\$ 125.00</u>	<u>golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Jack Cakebread

ADDRESS (Business Address Acceptable)

8300 St. Helena Highway, Rutherford, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Vintner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 09</u>	<u>\$ 65.00</u>	<u>food and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

John Yandell/Gary Graves

ADDRESS (Business Address Acceptable)

1000 Green Island Road, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 09</u>	<u>\$</u>	<u>food and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Curt Johanson

ADDRESS (Business Address Acceptable)

1095 Hidden Brook Parkway, Vallejo, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Triad Communities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 03 / 09</u>	<u>\$ 1215.00</u>	<u>golf</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D

Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name William Dodd

► NAME OF SOURCE
Craig & Kathryn Hall
 ADDRESS (Business Address Acceptable)
120 Rutherford Hill Road, Rutherford, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery Owners

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 09	\$ 100.00	food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Black Stallion Winery
 ADDRESS (Business Address Acceptable)
4089 Silverado Trail, Napa, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 09	\$ 100.00	food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Winegrowers of Napa County
 ADDRESS (Business Address Acceptable)
P.O. Box 5937, Napa CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winegrowers Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 11 / 09	\$ 65.00	lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Rutherford Grove Winery
 ADDRESS (Business Address Acceptable)
621 Airpark Road, Napa, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Vintner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 09	\$ 120.00	3 bottles of wine
/ /	\$	
/ /	\$	

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

1. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
Napa County Board of Supervisors	Board Member
Napa County Board of Equalization	Board Member
Silverado Community Services District	Board Member
Lake Berryessa Resort Improvement District	Board Member
Napa-Berryessa Resort Improvement District	Board Member
Monticello Public Cemetery District	Board Member
Napa County Flood Control & Water Conservation District	Board Member
Napa County Flood Protection & Watershed Improvement Authority	Board Member
Napa County Public Improvement Corporation	Board Member
In-Home Supportive Services Public Authority of Napa County	Board Member
Napa County Housing Authority	Board Member
Napa County Housing Trust Fund Board	Board Member
Napa County Transportation Planning Agency (NCTPA)	Board Member
Metropolitan Transportation Commission	Commissioner
Local Agency Formation Commission	Commissioner
Association of Bay Area Governments	Alternate Board Member